2020 EDUCATION SUPPLEMENTAL CHROMEBOOK OR INTERNET ASSISTANCE MIDDLE AND HIGH SCHOOL

The Burns Paiute Tribe's 2020 Education Supplemental Chromebook or Internet Assistance will provide eligible tribal enrolled middle and high school students with the opportunity to receive a one-time supplemental Chromebook or internet assistance to support them in distance learning, due to the Covid-19 Pandemic. (Application Deadline: December 11, 2020)

Eligibility:

- Student must be an enrolled member of the Burns Paiute Tribe
- Student must submit a current school class schedule or most recent grades

Name of Student:	DOB:		
Name of High School:	Grade Level:		
Name of Parent/Guardian:			
Mailing Address:			
Telephone/Cell:	Alternate Telephone:		
Email Address:			
Please select your preference request (plea	se select one):		
Chromebook Supplemental Assistance	e or		
Internet Supplemental Assistance (one	e-time assistance, max. amount of \$150.00/household)		
Did you apply for Covid-19 Assistance through	gh the Burns Paiute Tribe? Yes No		
If yes, please state the name the BPT Program	n:		
	rograms and School/Staff listed above for the nd attest the information completed by me on this ny knowledge and that any Supplemental		
Parent/Guardian Signature	Date		
I will use the PC/Chromebook or internet assi	istance for distance learning.		
Student Signature Please submit your application to: Burns Paiu	Date te Tribe, Education Program, 100 Pasigo Street,		

Please submit your application to: Burns Paiute Tribe, Education Program, 100 Pasigo Street Burns, OR 97720. Fax: 541-573-2323. Email: vanessa.bahe@burnspaiute-nsn.gov or elise.adams@burnspaiute-nsn.gov. Questions: (541) 573-1572 or (541) 573-8007, cell/text 589-2428 or 527-2822.



Burns Paiute Tribe Education Program 100 Pasigo Street Burns, OR 97720

Tribal Enrollment Verification Form

This form will be used by the Burns Paiute Tribe's Education Program to verify the enrollment of a student's application with the Burns Paiute Tribe Enrollment Committee.

Please submit a copy of a Burns Paiute Tribe Identification Card or Certificate Degree of Indian Blood, if available, with this form.

By signing this form, I am authorizing the release of my tribal enrollment information from the Burns Paiute Tribe's Enrollment Committee to the Burns Paiute Tribe's Education Program.

Name: (Print First and Last Name of Minor)			
Date of Birth:	Tribal Enrollment # (Optional):		
(Parent/Guardian Signature)		(Date)	
Note: The bottom section of the form is to be co Please verify and check one box. Then, return the fo	•		
The individual listed above on this form is	enrolled with the Bu	urns Paiute Tribe.	
The individual listed above on this form is	not enrolled with th	ne Burns Paiute Tribe.	
(Burns Paiute Tribe Enrollment Officer Sign	nature)	(Date)	